

**ARIZONA STATE BOARD OF  
ACCOUNTANCY**

100 N. 15<sup>th</sup> Ave., Ste 165

Phoenix, Arizona 85007

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**SOLE PRACTITIONER RENEWAL  
FORM**

**COMPLETE ENTIRE FORM**

**TIME SENSITIVE\***

*\*This form must be completed and  
submitted when you renew your certificate*



**ARS §§ 32-701(8); 730(A) & 742(C)**

***THERE ARE NO FEES ASSOCIATED WITH THE RENEWAL REGISTRATION FOR A SOLE  
PRACTITIONER***

**Arizona Revised Statute 32-701(8) "Firm"** means a business organization that is engaged in the practice of accounting and that is established under the laws of any state or foreign country, including a sole practitioner, partnership, professional corporation, professional limited liability company, limited liability company, limited liability partnership or any other entity recognized by the board that has met the applicable requirements contained in sections 32-731 and 32-732.

**I. SOLE PRACTITIONER INFORMATION: \*Sole Practitioner Registration No. \_\_\_\_\_**

*\*(Do not confuse with your personal registration number; the Sole Practitioner # available at website under Licensee Directory)*

**Owner/Firm Name** \_\_\_\_\_

*(if different than the name on your CPA certificate)*

**Main Office Address** \_\_\_\_\_

City

State

Zip Code

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

*(If different than above)* \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City

State

Zip Code

Fax (\_\_\_\_) \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Certificate No.** \_\_\_\_\_

**Residence Address** \_\_\_\_\_

City

State

Zip Code

Phone (\_\_\_\_) \_\_\_\_\_

**II. CPA EMPLOYEES:**

List all current CPA employees. Include additional pages as necessary.

Only persons licensed in this state may represent themselves as a certified public accountant.

**NAME**

**CERTIFICATE #**

_____	_____
_____	_____
_____	_____
_____	_____

### III. PEER REVIEW A.A.C. R4-1-454:

Please answer all of the following:

1. Since your last registration, has your Firm provided one or more of the following services:
  - A. Audits of Historical or Prospective Financial Statements ☐ **yes** ☐ **no**
  - B. Reviews of Historical or Prospective Financial Statements ☐ **yes** ☐ **no**
  - C. Compilations of Historical or Prospective Financial Statements ☐ **yes** ☐ **no**  
(With disclosures on which a report was issued)
2. If you answered YES to **any** of question one, your firm is subject to peer review and is **required to send** to the Board the most recent following items:
  - Did you include a copy of the Reviewer's Report? ☐ **yes** ☐ **no**
  - Did you include a copy of the Final Acceptance Letter? ☐ **yes** ☐ **no**
  - If applicable, did you include a copy of the Letter of Comment (LOC)? ☐ **yes** ☐ **no**
  - If you received an LOC, did you include a copy of the Letter of Response (LOR)?  
☐ **yes** ☐ **no**
  - If applicable to the LOC, did you include a copy of Corrective Action? ☐ **yes** ☐ **no**
3. If you answered NO to all of question one, has your Firm provided one or more of the following services:
  - A. Prepare tax returns or other financial services and submit financial information to the client (Quickbook Financials, Excel Financials, etc.) ☐ **yes** ☐ **no**
  - B. Bookkeeping engagements where financial statements are issued without a compilation report ☐ **yes** ☐ **no**
  - C. Compilation engagements performed under SSARS No 8. ☐ **yes** ☐ **no**
  - D. Compilations of Historical or Prospective Financial Statements ☐ **yes** ☐ **no**  
(Omitting substantially all disclosures on which a report was issued)
4. If you answered YES to question 3(D), your Firm may be subject to random peer review, pursuant to A.A.C. R4-1-454(B).

#### 5. Filing Deadlines for Peer Review information

If your registration renewal date is:

1. On or between 1/1/2005 and 6/30/2006
2. On or after 7/1/2006

Then the Peer Review must be completed and received by the Board no later than:

1. 6/30/2006
2. Your registration renewal date.

#### SIGNATURE:

I hereby certify under penalty of perjury, that I am the owner of the above-named CPA office, that I have read this renewal form and know the contents thereof; that all the statements and information contained herein, including all supporting documents, are true, accurate and correct in every respect, to the best of my knowledge and belief.

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Signature

Date

**SOLE PRACTITIONER RENEWAL 3/9/06**